

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

10. Dental Services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Occupational therapy.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

STATE <u>Texas</u>	A
DATE REC'D <u>2-23-90</u>	
DATE APPV'D <u>6-1-90</u>	
DATE EFF <u>1-1-90</u>	
HCFA 179 <u>90-06</u>	

*Description provided on attachment.

TN No. 90-06
Supersedes Approval Date 6-1-90 Effective Date 1-1-90
TN No. 88-11

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

XX Provided: ☐ No limitations XX With limitations*

☐ Not provided.

b. Dentures.

☐ Provided: ☐ No limitations ☐ With limitations*

XX Not provided.

c. Prosthetic devices.

XX Provided: ☐ No limitations XX With limitations*

☐ Not provided.

d. Eyeglasses.

XX Provided: ☐ No limitations XX With limitations*

☐ Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

☐ Provided: ☐ No limitations ☐ With limitations*

XX Not provided.

*Description provided on attachment.

SUPERSEDES: TN - 98-08

STATE	Texas
DATE	10-26-99
	12-1-99
	10-1-99
	99-09

A

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Preventive services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Rehabilitative services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Nursing facility services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

STATE <i>Texas</i>	DEC 27 1994	A
DATE <i>AUG 24 1995</i>		
DATE <i>NOV 16 1994</i>		
HCFA 179 <i>94-30</i>		

*Description provided on attachment.

TN No. *94-30*
Supersedes
TN No. *90-50*

Approval Date *AUG 24 1995*

Effective Date *NOV 16 1994*

Revision: HCFA - Region VI
March 1991

ATTACHMENT J.1-A
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AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15. -Services in an intermediate care facility for the mentally retarded, as defined in section 1905(d), (other than in an institution for mental diseases) for individuals who are determined, in accordance with section 1902(a)(31)(A), to be in need of such care.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

*Description provided on attachment.

TN No. 90-50
Supersedes
TN No. 88-05

Approval Date MAR 28 1991 Effective Date OCT - 1 1990

STATE	<u>Texas</u>	A
DATE REC'D	<u>DEC 31 1990</u>	
DATE APP'D	<u>MAR 28 1991</u>	
DATE EFF	<u>OCT - 1 1990</u>	
HCFA 179	<u>90-50</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: TEXAS

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations

 Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

 Provided: With limitations*

X Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

 Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

 Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 97-04

Superseded 94-24

TN No. 94-24

Approval Date 06/18/97

Effective Date 04/01/97

OFFICIAL FILE COPY

STATE	<u>Texas</u>
DATE	<u>06-09-97</u>
DATE	<u>06-18-97</u>
DATE	<u>04-21-97</u>
DATE	<u>07-11</u>
	<u>A</u>

State/Territory: Texas

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a ~~qualified~~ provider (in accordance with section 1920 of the Act). **ELIGIBLE**

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

23. Pediatric or family nurse practitioners' services.

CERTIFIED
Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 92-05
Supersedes 91-34 Approval Date MAR 13 1992 Effective Date JAN 01 1992
TN No. 91-34
HCFA ID: 7986E

STATE	<u>Texas</u>	A
DATE REC'D	<u>MAR 02 1992</u>	
DATE APPV'D	<u>MAR 13 1992</u>	
DATE EFF	<u>JAN 01 1992</u>	
HCFA 177	<u>92-05</u>	

State/Territory: Texas

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized
under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance
with a plan of treatment and provided by a qualified person under
supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on attachment.

TN No. 91-34 Approval Date JAN 14 1992 Effective Date OCT 01 1991
Supersedes 90-50

HCFA ID: 7986E

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 11 1991</u>	
DATE APPV'D <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-34</u>	

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

g. Ambulatory Surgical Center Services.

☒ Provided: ☐ No Limitations ☒ With limitations*

☐ Not Provided.

h. Birthing Center Facility Services.

☒ Provided ☐ No Limitations ☒ With limitations*

☐ Not Provided

STATE	<u>TX</u>	A
DATE REC'D	<u>6-30-87</u>	
DATE APPV'D	<u>8-14-87</u>	
DATE EFF	<u>See HCFA-179</u>	
HCFA 179	<u>87-10</u>	

* Description provided on attachment.

TN No. 87-10

Supersedes

TN No. 87-3

Approval Date 8-14-87

Effective Date See HCFA-179

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. 1905(a)(23)
1929

Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A to G to Supplement 2 to Attachment 3.1-A

XXX yes no

STATE <u>Texas</u>	A
DATE REC'D <u>SEP 30 1991</u>	
DATE APPV'D <u>DEC 27 1991</u>	
DATE EFF <u>JUL 1 1991</u>	
HCFA 179 <u>97-80</u>	

Supervisors New Page
None